Revision:	HCFA	A-PM-9	I- (BPD)	OMB No. 0938-
State/Territory: Colorado				
Citation	7.4	State (Governor's Review	·
42 CFR 430.12(b)		The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.		
			Not applicable. The Governor	
			Does not wish to review any plan ma	iterial.
			Wishes to review only the plan menclosed document.	aterials specified in the
I hereby certify that I am authorized to submit this plan on behalf of				
The Department of Health Care Policy and Financing (Designated Single State Agency)				
Date: 6/20/94 (Signature) Executive Manager, Health Plans and Medical Services (Title)				
TN No. $94-019$ Supersedes Approved Date $8/8/94$ Effective Date $7/1/94$				